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TO: U.S. Patent and Trademark Office

TELEFAX #: (703) 872-9306

ATTENTION: Examiner Kastler

DATE: June 22, 2005

TIME: 5:20 p.m.

NUMBER OF PAGES: 11 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: U.S. Patent Application Serial No. 10/805,094
Our File No. 1228-201

DESCRIPTION: Response to Second Office Action (Non-Final)

COMMENT:

| | | |
|--|------------------------------|--|
| Voice Confirmation Required: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Original to Follow by Mail/Courier: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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CERTIFICATION OF TRANSMISSION

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6/22/2005

Date of Deposit

Rochelle Lieberman

PATENT
Atty. Docket No.: 1228-201RECEIVED
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JUN 22 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|-----------------------|--------------------------------------|
| In re application of: | Sykes |
| SERIAL NO.: | 10/805,094 |
| FILING DATE: | March 19, 2004 |
| FOR: | Accelerated Steel Removal Process |

Group Art Unit: 1742
Examiner: Kastler, Scott

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Amendment

Sir:

Enclosed is an amendment in the above-identified patent application.

☒ A verified statement(s) claiming small entity status

☐ are also enclosed ☒ was submitted previously.

☐ A Petition for Extension of Time is also enclosed.

☐ A Power of Attorney or Authorization of Agent

☐ is also enclosed ☒ was submitted previously.

☒ An additional fee is required, and is calculated as shown below:

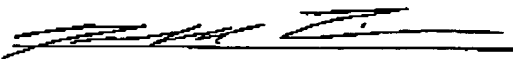
| FEE CALCULATION TABLE | | | | | |
|--|---------------|---|--------------|----------|--------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | 11 | MINUS 20 = | 0 | x \$18 = | \$0 |
| Independent Claims | 3 | MINUS 4 = | 0 | x \$86 = | \$0 |
| If Amendment adds multiple dependent claims, add \$220.00 | | | | | |
| Terminal Disclaimer Fee | | | | | \$130 |
| Total Amendment Fee | | | | | \$130 |
| If Amendment requires a Supplemental Information Disclosure Statement | | | | | N/A |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | \$130 |

☒ A Credit Card Payment Form in the amount of \$130 is enclosed.

☐ Charge \$_____ to Deposit Account No.

Respectfully submitted,

By:


 Rochelle Lieberman
 Registration No. 39,276
 Attorney for Applicant

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